

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540544

FILING DATE

APPLICANT(S)

3/2/07 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		4		4		4
6		0		5		4
7		0		5		4
8		0		5		4
9						4
10						4
11						4
12						4
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TOTAL IND.	1	↓	3	↓	1	↓
TOTAL DEP.	10	←	17	←	31	←
TOTAL CLAIMS	11		20		32	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						